

UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS

CIVIL ACTION NO.: 04-CV-12253

STEVEN McDERMOTT,)
)
STACEY McDERMOTT,)
)
Plaintiffs,)
)
vs.)
)
FEDEX GROUND PACKAGE)
SYSTEMS, INC.,)
)
T.S. PRUITT,)
Defendants,)
)

**DEFENDANT, FEDEX GROUND PACKAGE SYSTEM, INC.'S, FIRST
REQUEST FOR PRODUCTION OF DOCUMENTS TO THE PLAINTIFF,
STACEY McDERMOTT**

The Defendant, FedEx Ground Package System, Inc. ("FedEx"), pursuant to Fed. R. Civ. P. 34 and Local Rules 26.5(C) and 34.1, requests the following documents be available for discovery and inspection at the offices of Campbell Campbell Edwards & Conroy, One Constitution Plaza, Boston, MA 02129 within thirty (30) days:

DEFINITIONS

1. "You" and "Your" shall mean Stacey McDermott, and shall include information in the possession, custody or control of her attorneys, agents and representatives.
2. "Incident" shall mean the February 7, 2003 incident to which reference is made in the Amended Complaint.
3. "FedEx" shall refer to Fedex Ground Package System, Inc., and its employees, agents, servants, officers, principals, and directors.

DOCUMENTS

1. All of Stacey McDermott's medical records and reports, bills, doctors' reports, nurses' notes, surgical records, x-ray reports, mental health records, letters and statements, including full and complete hospital records which were made in connection with injuries allegedly sustained or aggravated as a result of the events alleged in the plaintiffs' complaint.

Attached is a HIPAA release to obtain such records.
2. All medical records and reports, bills, doctors' reports, nurses' notes, surgical records, letters and statements, including full and completed hospital records, relating in any way at all to any physical, medical or mental health conditions, illnesses or disabilities of Stacey McDermott, or written authorization to obtain copies of such records, a copy of such authorization which is attached:
 - a. for the period of time from ten years prior to the date of the events alleged in the plaintiffs' complaint up to and including said date; and
 - b. for the period of time from the date of the events alleged in the plaintiff's complaint up to and including the present.
3. All records, including but not limited to Federal and State Income Tax Returns, together with their accompanying worksheets, including W-2 Forms which pertain or relate to the plaintiff's wages, salary, tips, commissions, unemployment benefits or any other income earnings of the plaintiff for the period from five years prior to the date of the incident up to and including the present, or written

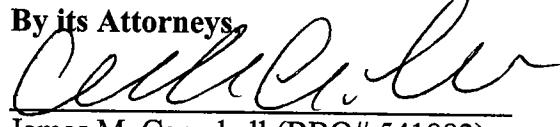


authorization to obtain copies of such records, a copy of such authorization which is attached.

4. All financial records, bills, statements of account, invoices, canceled checks or other documents that evidence losses and/or special damages for which you seek recovery in this litigation.
5. Plaintiff Stacey McDermott's employment records, including those related to self-employment, for all positions which plaintiff has held from five years prior to the incident to the present including but not limited to the name and address of each employer, payroll and attendance, all employment benefits offered including health insurance, dental insurance and any retirement plans, the records of dates lost from work and employment income lost or written authorization to obtain copies of such records, a copy of such authorization which is attached.
6. Each document evidencing any special damages for which recovery is sought in this case.
7. Each document contained in the files of any person, entity or governmental agency making payments for claims or benefits on your behalf in this action, relating to the accident, the payments made or injuries received.
8. Each document, including final reports, prepared in whole or part by any expert you expect to testify at trial on the subject matter and in connection with those matters about which the expert is expected to testify at trial.
9. Any and all documents concerning any expenses or losses, other than medical, incurred by you as a result of the injuries described in the Amended Complaint.

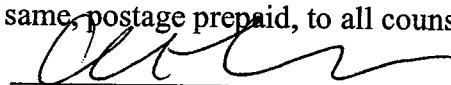
**FEDEX GROUND PACKAGE SYSTEMS,
INC.**

By its Attorneys,


James M. Campbell (BBO# 541882)
Adam A. Larson (BBO# 632634)
Campbell Campbell Edwards & Conroy, P.C.
One Constitution Plaza
Boston, MA 02129
(617) 241-3000

CERTIFICATE OF SERVICE

I, Adam A. Larson, certify that on April 27, 2006, I served a copy of the foregoing document my mailing a copy of same, postage prepaid, to all counsel of record.


Adam A. Larson

AUTHORIZATION TO USE OR DISCLOSE PROTECTED HEALTH INFORMATION

1. I hereby authorize _____ to use or disclose the
 (Name of hospital/physician)
 following protected information from the records of the patient listed below. I understand that information used or disclosed pursuant to this authorization could be subject to redisclosure by the recipient and, if so, may not be subject to federal or state law protecting its confidentiality.

2. Patient Name: Stacey L. McDermott
 Date of Birth:
 Social Security #: _____
 Address: 175 Mechanic Street
 Bellingham, MA 02019

3. Information to be disclosed to: Campbell Campbell Edwards & Conroy, P.C.
 Name _____
 1 Constitution Plaza _____ Boston _____ MA _____ 02129
 Address _____ City _____ State _____ Zip _____

4. Disclose the following information for treatment dates: 1994 to Present
 (circle appropriate categories)

<input checked="" type="checkbox"/> Complete Records	<input checked="" type="checkbox"/> X-Ray
<input checked="" type="checkbox"/> Abstract	<input checked="" type="checkbox"/> Laboratory
<input checked="" type="checkbox"/> Face Sheet	<input checked="" type="checkbox"/> Pathology
<input checked="" type="checkbox"/> Discharge Summary	<input checked="" type="checkbox"/> Physical Therapy
<input checked="" type="checkbox"/> History and Physical	<input checked="" type="checkbox"/> Emergency Reports
<input checked="" type="checkbox"/> Consult	<input checked="" type="checkbox"/> Psychotherapy Records
<input checked="" type="checkbox"/> Outpatient Reports	<input checked="" type="checkbox"/> Other specified *All radiology films

5. The above information is disclosed for the following purposes: (circle appropriate categories)
 Medical Care Legal Insurance Personal At request of the individual Other _____

6. I understand that I may revoke authorization at any time by requesting such of the above referenced hospital or physician practice in writing unless action has already been taken in reliance upon it, or during a contestability period under applicable law.

7. This authorization expires upon termination of the litigation.

8. I further authorize you to accept either an original or a photostatic copy of this authorization, each having the same full force and effect as if it were itself the original.

9. _____
 Signature of Patient or Legal Representative
 Stacey L. McDermott
 Printed name of patient
 or patient's representative

10. _____
 Date _____

11. _____
 Relationship to patient or
 authority to act for patient

**IMPORTANT: THIS AUTHORIZATION SHALL BE DEEMED INVALID UNLESS ALL
 NUMBERED ENTRIES ARE COMPLETED**

Form 4506

(Rev. November 2005)
Department of the Treasury
Internal Revenue Service

Request for Copy of Tax Return

► Do not sign this form unless all applicable lines have been completed.

Read the instructions on page 2.

► Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.

OMB No. 1545-0429

Tip: You may be able to get your tax return or return information from other sources. If you had your tax return completed by a paid preparer, they should be able to provide you a copy of the return. The IRS can provide a **Tax Return Transcript** for many returns free of charge. The transcript provides most of the line entries from the tax return and usually contains the information that a third party (such as a mortgage company) requires. See Form 4506-T, Request for Transcript of Tax Return, or you can call 1-800-829-1040 to order a transcript.

1a Name shown on tax return. If a joint return, enter the name shown first. Stacey L. McDermott	1b First social security number on tax return or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return	2b Second social security number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code 175 Mechanic Street, Bellingham, MA 02019	
4 Previous address shown on the last return filed if different from line 3	
5 If the tax return is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax return.	

Caution: If a third party requires you to complete Form 4506, **do not sign Form 4506 if lines 6 and 7 are blank.**

6 Tax return requested (Form 1040, 1120, 941, etc.) and all attachments as originally submitted to the IRS, including Form(s) W-2, schedules, or amended returns. Copies of Forms 1040, 1040A, and 1040EZ are generally available for 7 years from filing before they are destroyed by law. Other returns may be available for a longer period of time. Enter only one return number. If you need more than one type of return, you must complete another Form 4506. ► Note. If the copies must be certified for court or administrative proceedings, check here. <input type="checkbox"/>
7 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than eight years or periods, you must attach another Form 4506.

12 / 31 / 199512 / 31 / 199612 / 31 / 199712 / 31 / 199812 / 31 / 199912 / 31 / 200012 / 31 / 200112 / 31 / 2002

8 Fee. There is a \$39 fee for each return requested. Full payment must be included with your request or it will be rejected. Make your check or money order payable to "United States Treasury." Enter your SSN or EIN and "Form 4506 request" on your check or money order.	
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a Cost for each return	\$ 39.00
b Number of returns requested on line 7	8
c Total cost. Multiply line 8a by line 8b	\$ 312.00

9 If we cannot find the tax return, we will refund the fee. If the refund should go to the third party listed on line 5, check here

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax return requested. If the request applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506 on behalf of the taxpayer.

Sign Here

Signature (see instructions)	Date	Telephone number of taxpayer on line 1a or 2a ()
Title (if line 1a above is a corporation, partnership, estate, or trust)		
Spouse's signature	Date	

General Instructions

Section references are to the Internal Revenue Code.

Purpose of form. Use Form 4506 to request a copy of your tax return. You can also designate a third party to receive the tax return. See line 5.

How long will it take? It may take up to 60 calendar days for us to process your request.

Tip. Use Form 4506-T, Request for Transcript of Tax Return, to request tax return transcripts, tax account information, W-2 information, 1099 information, verification of non-filing, and record of account.

Where to file. Attach payment and mail Form 4506 to the address below for the state you lived in when that return was filed. There are two address charts: one for individual returns (Form 1040 series) and one for all other returns.

Note. If you are requesting more than one return and the chart below shows two different service centers, mail your request to the service center based on the address of your most recent return.

Chart for individual returns (Form 1040 series)

If you filed an individual return and lived in:

Mail to the "Internal Revenue Service" at:

District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New York, Vermont
RAIVS Team
310 Lowell St.
Stop 679
Andover, MA 01810

Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia
RAIVS Team
4800 Buford Hwy.
Stop 91
Chamblee, GA 30341

Arkansas, Kansas, Kentucky, Louisiana, Mississippi, Oklahoma, Tennessee, Texas, West Virginia
RAIVS Team
3651 South Interregional Hwy.
Stop 6716 AUSC
Austin, TX 78741

Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nebraska, Nevada, New Mexico, Oregon, South Dakota, Utah, Washington, Wyoming
RAIVS Team
5045 E. Butler Ave.
Stop 38101
Fresno, CA 93727

Connecticut, Illinois, Indiana, Iowa, Michigan, Minnesota, Missouri, North Dakota, Ohio, Wisconsin
RAIVS Team
2306 E. Bannister Road
Stop 6705-B41
Kansas City, MO 64130

New Jersey, Pennsylvania, a foreign country, or A.P.O. or F.P.O. address
RAIVS Team
DP 135SE
Philadelphia, PA 19255-0695

Chart for all other returns

If you lived in or your business was in:

Mail to the "Internal Revenue Service" at:

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming
RAIVS Team
P.O. Box 9941
Mail Stop 6734
Ogden, UT 84409

Connecticut, Delaware, District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia, Wisconsin
RAIVS Team
P.O. Box 145500
Stop 2800 F
Cincinnati, OH 45250

A foreign country, or A.P.O. or F.P.O. address
RAIVS Team
DP 135SE
Philadelphia, PA 19255-0695

Line 1b. Enter your employer identification number (EIN) if you are requesting a copy of a business return. Otherwise, enter the first social security number (SSN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Signature and date. Form 4506 must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the return be sent to a third party, the IRS must receive Form 4506 within 60 days of the date signed by the taxpayer or it will be rejected.

Individuals. Copies of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506 exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506 can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

Partnerships. Generally, Form 4506 can be signed by any person who was a member of the partnership during any part of the tax period requested on line 7.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the Letters Testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506 for a taxpayer only if this authority has been specifically delegated to the representative on Form 2848, line 5. Form 2848 showing the delegation must be attached to Form 4506.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested return(s) under the Internal Revenue Code. We need this information to properly identify the return(s) and respond to your request. Sections 6103 and 6109 require you to provide this information, including your SSN or EIN, to process your request. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506 will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 16 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506 simpler, we would be happy to hear from you. You can write to Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6406, Washington, DC 20224. Do not send the form to this address. Instead, see **Where to file** on this page.

Form 4506

(Rev. November 2005)
Department of the Treasury
Internal Revenue Service

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Read the instructions on page 2.
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OMB No. 1545-0429

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1a Name shown on tax return. If a joint return, enter the name shown first.

Stacey L. McDermott

1b First social security number on tax return or employer identification number (see instructions)

2a If a joint return, enter spouse's name shown on tax return

2b Second social security number if joint tax return

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code

175 Mechanic Street, Bellingham, MA 02019

4 Previous address shown on the last return filed if different from line 3

5 If the tax return is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax return.

Caution: If a third party requires you to complete Form 4506, do not sign Form 4506 if lines 6 and 7 are blank.

6 **Tax return requested** (Form 1040, 1120, 941, etc.) and all attachments as originally submitted to the IRS, including Form(s) W-2, schedules, or amended returns. Copies of Forms 1040, 1040A, and 1040EZ are generally available for 7 years from filing before they are destroyed by law. Other returns may be available for a longer period of time. Enter only one return number. If you need more than one type of return, you must complete another Form 4506. ►

Note. If the copies must be certified for court or administrative proceedings, check here.

7 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than eight years or periods, you must attach another Form 4506.

12 / 31 / 2003

12 / 31 / 2004

12 / 31 / 2005

12 / 31 / 2006

/ /

/ /

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/ /

8 **Fee.** There is a \$39 fee for each return requested. Full payment must be included with your request or it will be rejected. Make your check or money order payable to "United States Treasury." Enter your SSN or EIN and "Form 4506 request" on your check or money order.

a Cost for each return	\$ 39.00
b Number of returns requested on line 7	4
c Total cost. Multiply line 8a by line 8b	\$ 156.00

9 If we cannot find the tax return, we will refund the fee. If the refund should go to the third party listed on line 5, check here.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax return requested. If the request applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506 on behalf of the taxpayer.

Sign
Here

Signature (see instructions)	Date	Telephone number of taxpayer on line 1a or 2a ()
Title (if line 1a above is a corporation, partnership, estate, or trust)		
Spouse's signature	Date	

General Instructions

Section references are to the Internal Revenue Code.

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Chart for individual returns (Form 1040 series)

If you filed an individual return and lived in:

Mail to the "Internal Revenue Service" at:

District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New York, Vermont
RAIVS Team
310 Lowell St.
Stop 679
Andover, MA 01810

Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia
RAIVS Team
4800 Buford Hwy.
Stop 91
Chamblee, GA 30341

Arkansas, Kansas, Kentucky, Louisiana, Mississippi, Oklahoma, Tennessee, Texas, West Virginia
RAIVS Team
3651 South Interregional Hwy.
Stop 6716 AUSC
Austin, TX 78741

Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nebraska, Nevada, New Mexico, Oregon, South Dakota, Utah, Washington, Wyoming
RAIVS Team
5045 E. Butler Ave.
Stop 38101
Fresno, CA 93727

Connecticut, Illinois, Indiana, Iowa, Michigan, Minnesota, Missouri, North Dakota, Ohio, Wisconsin
RAIVS Team
2306 E. Bannister Road
Stop 6705-B41
Kansas City, MO
64130

New Jersey, Pennsylvania, a foreign country, or A.P.O. or F.P.O. address
RAIVS Team
DP 135SE
Philadelphia, PA
19255-0695

Chart for all other returns

If you lived in or your business was in:

Mail to the "Internal Revenue Service" at:

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming
RAIVS Team
P.O. Box 9941
Mail Stop 6734
Ogden, UT 84409

Connecticut, Delaware, District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia, Wisconsin
RAIVS Team
P.O. Box 145500
Stop 2800 F
Cincinnati, OH 45250

A foreign country, or A.P.O. or F.P.O. address
RAIVS Team
DP 135SE
Philadelphia, PA
19255-0695

Line 1b. Enter your employer identification number (EIN) if you are requesting a copy of a business return. Otherwise, enter the first social security number (SSN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Signature and date. Form 4506 must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the return be sent to a third party, the IRS must receive Form 4506 within 60 days of the date signed by the taxpayer or it will be rejected.

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Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the Letters Testamentary authorizing an individual to act for an estate.

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If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506 simpler, we would be happy to hear from you. You can write to Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6406, Washington, DC 20224. Do not send the form to this address. Instead, see **Where to file** on this page.



AUTHORIZATION FOR THE RELEASE OF EMPLOYMENT RECORDS

TO:

I, STACEY L. McDERMOTT, hereby authorize you to release to Adam A. Larson, Esq. of Campbell Campbell Edwards & Conroy, Professional Corporation, or to their duly designated agent, any and all of my documents which refer to, relate to or comment on my previous employment, including, but not limited to, my entire employment file, my rate of pay, dates of attendance, dates of employment, insurance coverage, educational background, benefits, medical condition, records of physical examination, training and job related education, job evaluations and reviews, and documents concerning termination of employment.

I further authorize you to accept either the original or a photostatic copy of this authorization.

This authorization does not expire until expressly withdrawn by the undersigned.

STACEY L. McDERMOTT
Date of Birth:
Social Security Number:

DATE